SECURE BANCARD

Secure Bancard, LLC
1500 Abbey Court | Alpharetta, GA 30004
1-855-271-1500

APPLICATION FOR MERCHANT AGREEMENT

SYNOVUS BANK (Merchant Bank)
1125 First Avenue, Columbus, GA 31901
706-649-4900

Processor's Sales Rep Name: **Impact Vaulted CP**

Business Information

PREMIUM AUTO CUSTOMS LLC	**PREMIUM AUTO CUSTOMS**
Merchant Legal Business Name	DBA Name
117 JEROME RD	**117 JEROME RD**
Mailing Address	DBA Address (Physical, No PO Boxes)
LAFAYETTE / **Louisiana** / **70507**	**LAFAYETTE** / **Louisiana** / **70507**
City / *State* / *Zip*	*City* / *State* / *Zip*
3372523730 /	**3378490990** /
Legal Phone # / *Legal Fax #*	*DBA Phone #* / *DBA Fax #*

881234011 — *Federal Tax ID # (Must be 9 digits)*

1 M Yrs. **1 M** Mos. — *Length* / *Owned*

☐ New business ☐ New owner Seasonal? ☐ Yes ☐ No List months

Business License _____ Date Opened: **16 mar 2022**

Merchant State registration _____ E-mail Address: **OFFICE@PREMIUMAUTOCUSTOMS.COM** Web site Address: **PREMIUMAUTOCUSTOMS.COM**

Any prior ☐ No ☐ Yes If yes: ☐ Personal ☐ Business **If yes, how long** _____

Type of ☐ Sole Proprietorship ■ LLC ☐ Partnership ☐ Ltd Partnership ☐ Corp, check one: ☐ Public ☐ Private ☐ Non ☐ Other

Business Type

■ Retail ☐ Restaurant ☐ Lodging ☐ Service ☐ Internet ___% ☐ Mail ___% ☐ Tel ___% ☐ Bus-to-Bus ___%

Description of Business

Detailed Description of Business (including products/services; card charging policies; delivery methods; whether own/finance inventory---provide separate pages if needed):

auto detail, tint, wrap services

Mailing Address (select ☐ Legal ☐ DBA ☐ Location Contact: **DARIEN LABBIE** **Phone #** **3378490990**

Refund/Return Policy

☐ No refund ☐ Refund in 30 days or less ☐ Merchandise ☐ Other: _____

American Express Disclosure

The "NCR" party listed throughout this Application and the Merchant Agreement is your acquirer for American Express, or will convey American Exper ss sales on your behalf:

NCR Payment Solutions, LLC
864 Spring Street, Atlanta, GA 30308

X DocuSigned by: Darien Labbie 8F7AEFF3E579411... — **DARIEN LABBIE / OWNER** — 5/4/2022

Merchant Signature — **Print Name/Title** — **Date:** **Apr. 21, 2022**

DocuSigned by: Ryan Trahan CC43B0C3BC914F3... — Ryan Trahan — 5/4/2022

Merchant initials D L

PATRIOT ACT / Site Survey

PATRIOT ACT REQUIREMENTS - To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Complete Sections I and II and III. (*In Section II, Driver's License required -- use other ID only if no Driver's License issued.)

Section 1: Business Form of Identification		Applicable Items Reviewed:		Section II: Individual Form of Identification		Applicable Items Reviewed:	
		Business Name:					
Govt Issued Business License	■	Date and Place of Issuance:		Drivers License:	011039870	Name:	DARIEN LABBIE
Tax Return	☐			State ID:		Date of Birth:	02 sep 1994
Corporate Resolution	☐	ID/Tax ID Number:	881234011	Passport:		DL/ID#:	011039870
Entity Agencies	☐			Military ID:		Date of Issuance:	
Business financial Statement	☐	Expiration Date:		Mexican Consulate ID:		State of Issuance:	None
Partnership Agreement	☐					Expiration:	Aug 20, 2024
		Type Fin'l S't		Resident Alien ID:		Address:	203 VALLEY FOREST

Section III

☐ On site visit done by Sales Rep ☐ Business Consistent with Application (including any e-Commerce addendums(s))

☐ Address of location inspected: ☐ DBA Address ☐ Legal Address ☐ URL listed in eCommerce addendum ☐ Other Address:

Does name posted at business match name on application ☐ Yes ☐ No | Does inventory volume appear to be sufficient? ☐ Yes ☐ No

Does location have appropriate business signage ☐ Yes ☐ No | Are store hours posted? ■ Yes ☐ No Number of employees:/td>

Did you view merchant's inventory? ☐ Yes ☐ No Get Samples? ☐ Yes ☐ No Did you get Interior/exterior photos? ☐ Yes ☐ No

Was inventory consistent with merchant's type of business? ☐ Yes ☐ | Comments:

* Signature of Sales Representative: | Date:

* By signing above you hereby acknowledge that the information listed herein is true and accurate and was personally observed on the indicated document, and at the indicated address and (in the case of information listed below in the e-Commerce addendum(s)) indicated URL(s) as applicable.

Principal Information

Principal's Name	Title	Date of Birth	Ownership % / Years	% of Time Spent In Business	Social Security # (Processor's privacy policy for collection and use of social security numbers can be found at www.securebancard.com)	Residential Address (City, State, Zip)	Residential Phone #
DARIEN LABBIE	OWNER		50/1 MO		SSN:	203 VALLEY FOREST, LAFAYETTE, LA, 70507	3378490990
RYAN TRAHAN	OWNER		50/1 MO		SSN:439-93-0439	117 ORGERON DR, LAFAYETTE, LA, 70506	3373157591

Bank Information

Name of Financial Institution	Account number	Routing #	Phone #	Contact	Date Opened
CHASE BANK	*****8173	065400137			

***AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH):** The Merchant Bank (defined below) is authorized to initiate or transmit credit and/or debit and/or check entries to the account identified relating to the above account for the services contemplated under this Agreement. Said authority is granted to Merchant Bank's processor and their agents. **REQUIRED: ATTACH VOIDED CHECK**

Please select one for ACH account type listed above: ☐ **Checking account** ☐ **Savings account** ☐ **Bank GL account**

Trade / Business References

Trade Name	Account #	Product Sold	Phone #' (No 800 #s)
None	None		None None
None	None		None None

Other businesses in which merchant or a principal are now or previously have been involved as owner/operator/director:

Merchant initials D L

Processing Information

Card Types Accepted:

- ■ All Visa/MasterCard/Discover Cards
- ☐ All Discover Cards
- ☐ JCB**
- ☐ American Express **
- ☐ Diners/Carte Blanche**
- ☐ MasterCard Credit Cards and Business cards only
- ☐ Visa Credit Cards and Business Cards only
- ☐ MasterCard Debit cards only
- ☐ Visa Debit cards only
- ☐ PIN Based Debit/EBT Cards**

Projected total annual sales $ _____

Projected Visa/MC/DISC/Amex Sales
Monthly $2000.00 Annual $_____

Projected Visa/MC/DISC/Amex High Ticket
$3000.00

Electronic card-swiped transactions	70 %
Electronic key-entered (with imprints)	30 %
Electronic card not present (w/out imprints)	None %
OR	
Touch-tone card not present (with imprints)	_____ %
Touch-tone card not present (no imprints)	_____ %
Mail/Telephone Order (card not present)	None %
eCommerce (card not present)	None %

NOTE: TOTAL (must equal 100%)

Projected avarage
Visa/MC/DISC/Amex ticket size 100.00

Do you use a 3rd party fulfillment?
☐ No ☐ Yes

If "yes"
Contact name and phone number:
Name:_____
Phone:_____

☐ If processing via mail, phone or Internet: supply copy of print advertising, catalogs and brochures.
If applicable, provide: video (TV), audio tape (Radio or IVR), and Web-page screen prints/URL(Internet).

Do you authorize carrier to deliver w/o getting signature? ☐ No ☐ Yes

Do you bill your customer prior to goods being shipped? If yes, how many days? ☐ 0-2 days ☐ 3-30 days ☐ 31-60 days ☐ 60-90 days ☐ Over 90 days

How do you advertise? ☐ Yellow pages ☐ Telemarketing ☐ Catalog ☐ Internet ☐ Word of mouth ☐ Publications ☐ Mass/Direct mail ☐ Other _____

Have you ever accepted credit cards before? ☐ Yes ☐ No If Yes: Processor Name _____(Please provide the most recent 3 months of processing statements. If you are a MO/TO or e-Commerce merchant, please provide most recent 6 months of processing statements.)

Actual chargeback volume for most recent 3 months $_____ 6 months $ _____

# of locations? _____ If you are affiliated with an existing account, please provide existing merchant ID#:
None

List the names of each of your independent contractors or agents or merchant servicers that will have access to cardholder data:

Merchant ☐ Owns ☐ Leases Location(s)?	How long at current locations(s)?:	
Name/address of mortgage holder/landlord:		
Other significant Merchant Contacts with third parties:		

American Express

Existing Accounts:
If you currently accept AXP payments, and your AXP volume is less than $1MM annually, you must submit your existing AXP#. We will assign you a new AXP # for this account. Existing AXP SE #: _____

If you currently accept AXP payments in excess of $1MM annually, please provide your existing AXP#, so so we can convey this to AXP on your behalf.

New Accounts:
If you do not currently accept AXP # payments, and your annual volume is less than $1MM, if you request AXP, we will assign you an AXP # for this account, so you can start accepting AXP payments. **AXP SE #:** _____

If you do not currently have an AXP #, and your annual volume is more than $1MM, we will contact AXP on your behalf.

In the event your volume exceeds more than $1MM annually, you may be moved directly to AXP. Opt out of AXP Offers and Promotions: If you do not wish to receive future offers or promotions of AXP products or services from AXP via offline or on-line means (such as traditional mail and telephone), please contact customer service at the phone number listed below. Please note that it may take some time, consistent with applicable law, for us to process your opt-out request.

Call Secure Bancard, LLC Customer Service at: 1-855-271-1500

Merchant has the right not to accept all Card Association card types. Some Point Of Sale software and programs cannot prohibit the acceptance of specific types of payment cards; therefore, it is the merchant's responsibility to enforce this. If you request AXP and qualify, NCR as processor, and not Merchant Bank, will settle American Express.

** Denotes Services and Programs listed above or below in this Application, which are provided by Processor and its contractors and not by Merchant Bank. Merchant Bank has no responsibility or liability therefor.

Merchant initials D L

FEE SCHEDULE

*** Equipment Options*

Model		Qty	Purchase New	Purchase Refurbished	Rent	Purchase Other Source	Merchant Owned		Price
Terminal			☐	☐	☐	☐	☐	$	
Terminal			☐	☐	☐	☐	☐	$	
Printer			☐	☐	☐	☐	☐	$	
PIN Pad			☐	☐	☐	☐	☐	$	
Imprinter			Purchase Only						
Other			☐	☐	☐	☐	☐	$	
			☐	☐	☐	☐	☐	$	

Shipping, handling and tax will be billed in addition to the equipment price listed above.

Equipment Billing to:	☐ Merchant ☐ Agent ☐ Other	
Ship Equipment to:	☐ DBA ☐ Legal ☐ Agent ☐ Other:	
Send Welcome Kit to:	☐ DBA ☐ Legal ☐ Agent ☐ N/A	
Merchant training provided by:	☐ Processor ☐ Agent ☐ Other:	

SERVICE ACCEPTANCE AND FEE SCHEDULE

Discount Rates ☐ Interchange Pass Through Discount Rate _____ % Per Item $ _____ ☐ Association Dues & Assessments Pass Through

Rate 1	%	Per Item $	Rate 2	%	Per Item $	Rate 3	%	Per Item $
Visa Qual Credit	3.83		Visa Mid-Qual Credit			Visa Non-Qual Credit		
Master Card Qual Credit	3.83		Master Mid-Card Qual Credit			Master Non-Card Qual Credit		
Discover Network - PayPal Qual Credit	3.83		Discover Netword - PayPal Mid-Qual Credit			Discover Network - PayPal Non-Qual Credit		
American Express Qual Credit	3.83		American Express Mid-Qual Credit			American Express Non-Qual Credit		
Visa Qual Debit	3.83		Visa Mid-Qual Debit			Visa Non-Qual Debit		
Master Card Qual Debit	3.83		Master Card Mid-Qual Debit			Master Card Non-Qual Debit		
Discover Network - PayPal Qual Debit	3.83		Discover Network - PayPal Mid-Qual Debit			Discover Network - PayPal Non-Qual Debit		
Pin Debit			EBT			Star	$1 per month	

Rewards Pricing

Visa Rewards (Discount Rate $ 3.83 Per Item _____

MC World Card (Discount Rate $ 3.83 Per Item _____

Amex Rewards (Discount Rate $ 3.83 Per Item _____

Discover Rewards (Discount Rate $ 3.83 Per Item _____

Non-Bankcard Types Accepted

JCB Card % _____ **Diners Carte Blanche%** _____ **American Express Discount rate%** _____ **OR**

☐ **Monthly Flat Fee: $** _____ ☐ **Monthly Gross Pay** ☐ **Daily Gross Pay** ☐ **Retail $** ____ **Trans Fee +** ____ **% OR** ☐ _____

Est. Annual Amex Volume: $ None **Est. Average Amex Ticket: $** None

AMEX Pay Frequency ☐ **3 day** ☐ **15 day** ☐ **30 day** **Amex Fees disclosed in this section are billed by American Express**

Miscellaneous Fees:

Monthly Statement Fee $ 0.00 **Application/Setup Fee $** 0.00 **ACH Reject/Change Fee $** 0.00 **Online Merchant Portal $** 0.00 **monthly**

Chargeback/Retrieval Fee $ 25.00/15.00 **each Monthly Minimum: $** 0.00 **Voice Auth/ARU Fee $** None **ACH Batch Fee $** 0.00 **each**

ACH Debit $1.00 Upon Account Approval AVS Fee $ 0.00 **each CVV2 Fee $** 0.00 **each Tokenization Fee $** 0.00 **each Annual Fee $** 0.00

**** Administrative Maintenance Fee $** 0.00 **monthly ** PCI Non Compliance Fee $** 0.00 **monthly ** Gateway Fee $** 0.00 **monthly**

**** Other $** None **per** None **Description** _____ **** Other $** None **per** None **Description** _____

Early Termination Fee: $ 0.00 **** PCI monthly Fee $** 0.00

Authorization Fees: $ 0.00 **American Express $** 0.00 **MasterCard $** 0.00 **Visa $** 0.00 **Discover $**

See Sections 13.b.iv and 18 of the Agreement for other fees that may be assessed due to the action or inaction of Merchant.

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eCommerce Application Addendum

Number of e-Commerce websites:		*(If more than 1, complete, initial and attach an additional copy of this page for each additional website)*				
Website URL:	**PREMIUMAUTOCUSTOMS.COM**	**Website server IP Address:**	**None**	**Website DBA:**		
Customer Service: email address:		**OFFICE@PREMIUMAUTOCUSTOMS.COM**	**Telephone:**	**3372523730**	**List all links to other websites:**	
Web Hosting Service Name:			**Address:**		**Contact Telephone:**	
Fullfillment House Name:			**Address:**		**Contact Telephone:**	

How do you advertise:		**(Attach samples; e.g., catalog/print/broadcast/telemarketing script)**	
Do you bill customer's card before shipping product or performing service? ☐ **Yes** ☐ **No**		**If Yes, how many days before?**	
What is your return/refund policy?		**Website Security Method:**	
Digital Certificate Issuer:		**Digital Cert No(s)/Exp Date(s)**	**Owenership** ☐ **Shared** ☐ **Individual**

For purposes of this application, "Processor" is Secure Bancard, LLC, 1500 Abbey Court, Alpharetta, GA 30004 and can be contacted at 1-855-271-1500 and "Merchant Bank" is Synovus Bank, 1125 First Avenue, Columbus, GA 31901, 706-649-4900.

Merchant Signatures and Guarantor Signatures

Agreement Signature: By signing below, each of the Merchant and Guarantor(s) and Merchant principal(s) and owner(s) (1) certifies, under penalty of perjury, that all information and documents submitted with this Application are true and complete; (2) authorizes Merchant Bank, Processor and their respective agents to verify any of the information given, including credit references, and to obtain individual and/or business credit reports, including requesting reports from consumer reporting agencies on persons signing below as a principal or owner of Merchant or as a Guarantor (if such person asks Merchant Bank or Processor whether or not a consumer report was requested, Merchant Bank or Processor will tell such person, and if Merchant Bank or Processor received a report, Merchant Bank or Processor will give such person the name and address of the agency that furnished it); (3). acknowledges receipt of the Merchant Card Processing Agreement ("Agreement") including the Continuing Guaranty ("Guaranty") contained within the Agreement, and of the CNP Addendum, Special Services Addendum and the Merchant Use and Disclosure of BIN Information Addendum (each, an "Addendum"), each of which documents is incorporated herein by this reference, and agrees to be bound by and perform in accordance with all provisions, terms and conditions of the Agreement, the Guaranty, and each such Addendum; (4) agrees to be bound by and perform in accordance with all terms, conditions and provisions of any Merchant Card Processing Agreement between any Merchant Affiliate of Merchant and Processor and its agents and Merchant Bank ("Merchant Affiliate Agreement"), regardless of whether such Merchant Affiliate Agreement currently exists or is executed, amended, or supplemented at some future date; (5) agrees that Processor and its agents and Merchant Bank may rely upon copies or facsimiles of this Application bearing Merchant's and Guarantor(s)'s signatures, or on copies or facsimiles of other documents bearing Merchant's and Guarantor(s)'s signatures, and that any such copies or facsimiles shall be treated for all purposes as originals of the Application or other document; and (6) certifies that Merchant does not and will not provide, offer or facilitate gambling services, including offering or facilitating internet gambling services, or establishing quasi-cash, credits or monetary value of any type that may be used to conduct gambling.

AMERICAN EXPRESS - In the event I am not eligible for NCR and Secure Bancard's OptBlue program for American Express, by signing below, I representthat I have read and am authorized to sign and submit this application for the above entity, which agrees to be bound by the American Express® Card Accep-tance Agreement ("American Express Agreement"), and that all information provided herein is true, complete, and accurate. I authorize NCR, Secure Bancard,and American Express Travel Related Services Company, Inc. ("American Express") and American Express's agents and Affiliates to verify the information inthis application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies from time to time,and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Secure Bancardand American Express and American Express's agents and Affiliates to inform me directly, or inform the entity above, about the contents of reports about methat they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I alsoauthorize American Express to use the reports on me from consumer reporting agencies for marketing and administrative purposes. I am able to read andunderstand the English language. Please read the American Express Privacy Statement at http://www.americanexpress.com/privacy to learn more about howAmerican Express protects your privacy and how American Express uses your information. I understand that I may opt out of marketing communications byvisiting this website or contacting American Express at 1-800-528-5200. I understand that upon American Express' approval of the application, the entity will beprovided with the American Express Agreement and materials welcoming it to American Express' Card acceptance program.

Guaranty: The undersigned Guarantor(s), individually and severally, guarantee the full and faithful performance and payment by the Merchant (identified above in the portion of this Application which precedes this Guaranty) of each and all of Merchant's duties and obligations to Merchant Bank and Processor, as provided in Section 25 of the Merchant Card Processing Agreement, which Merchant Card Processing Agreement, and this Application and the Addendums mentioned above, are incorporated into this Guaranty by this reference.

MERCHANT SIGNATURES		*GUARANTOR SIGNATURES*	
X 1) DocuSigned by: Darien Labbie 8F7AEFF3E579411...	5/4/2022 Apr. 21, 2022	X 1) DocuSigned by: Darien Labbie 8F7AEFF3E579411...	5/4/2022 Apr. 21, 2022
Principal/Owner for Merchant	Date	Guarantor Signature (No Titles)	Date
DARIEN LABBIE	OWNER	DARIEN LABBIE	
Print Name	Title	Print Name (No Titles)	
X 2) DocuSigned by: Ryan Trahan C43B9C38C814F3...	5/4/2022	X 2) DocuSigned by: Ryan Trahan C43B9C38C814F3...	5/4/2022
Principal/Owner for Merchant	Date	Guarantor Signature (No Titles)	Date
Ryan Trahan	OWNER	Ryan Trahan	
Print Name	Title	Print Name (No Titles)	
X 3)		X 3)	
Principal/Owner for Merchant	Date	Guarantor Signature (No Titles)	Date
Print Name	Title	Print Name (No Titles)	

FOR INTERNAL USE ONLY

X)		X)	
Accepted by Processor	Date	Accepted by Merchant Bank	Date
Print Name	Title	Print Name	Title

DS RT DS DL Merchant initials D L

Merchant Beneficial Ownership and Management Information Certification: The following information and certifications concerning beneficial ownership, and the identification of beneficial owner(s), of the Merchant identified in the Merchant Application referenced below, must be provided for the Merchant if a legal entity (legal entity includes a corporation, limited liability company or other entity that is formed by filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States). (This form need not be used for a Merchant identified in the Merchant Application as a "sole proprietor" or "sole proprietorship", provided the prescribed forms of Merchant Application including any Patriot Act/customer identification forms and taxpayer identification/withholding forms included therein or prescribed for use therewith reflect such sole proprietorship status and are completed and executed by such sole proprietor and the Processor's representative.) The beneficial ownership/management information and certification in this form is in addition to, not a substitute for, the information and certifications regarding the Merchant legal entity required elsewhere in the prescribed form of Merchant Application including any other Patriot Act/customer identification forms and taxpayer identification/withholding forms included therein or prescribed for use therewith. **Notice: To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) who opens an account. What this means for you: When you open an account we will ask for your name, address, date of birth, and other information that will allow us to identity you. We may also ask to see your driver's license or other identifying documents. In some instances we may use outside sources to confirm the information.** Secure Bancard's privacy policy can be found at http://www.securebancard.com/Privacy%20Policy.pdf

Section 1: Merchant Application Information (Must match information in Merchant Application): Date Application Signed (by Authorized Signer named below): Apr. 21, 2022

Merchant Legal Name: DARIEN LABBIE Merchant Federal Tax ID (as it appears on income tax return): None Merchant State of formation/Incorporation: LA Merchant Address: 203 VALLEY FOREST, LAFAYETTE, LA, 70507 Merchant Entity Type LLC

Section 2: Beneficial Ownership and Management Information. Provide the information below on each individual who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the Merchant legal entity identified above. If the total ownership of those individuals does not exceed 50% of the equity interests of the Merchant, provide the information below on additional beneficial owners so that the total ownership interests of individuals for which information is provided below exceeds 50%. (Use extra copies if needed.) Information must be provided for one individual with significant responsibility for managing the legal entity listed in Section 1, a "Control Prong". Examples of a Control Prong include, but are not limited to: Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer. If no other Beneficial Owner identified below is identified in the right column as the Control Prong, the Control Prong section below must be completed.

Beneficial Owner Legal Name **DARIEN LABBIE**	**Title** **OWNER**			**% of Legal Entity OwnerShip: 50 %**
Individual's Home (Street) Address (No P.O. Box) 203 VALLEY FOREST	City, State, Zip LAFAYETTE, LA, 70507			Date of birth 02 sep 1994
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ☐ Yes ■ No	(SSN)/Individual Taxpayer Identification No. (ITIN):			Control Prong? ■
Id Type:* ■ Driver's License ☐ Other State photo ID showing residence ☐ Passport ☐ Resident Alien ID ☐ Other ID ±	State/Country of Issuance LA	Date Issued 23 apr 2018	Expiration Date 20 aug 2024	Number on ID: 011039870
Beneficial Owner Legal Name	**Title**			**% of Legal Entity OwnerShip: None %**
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ☐ Yes ■ No	(SSN)/Individual Taxpayer Identification No. (ITIN):			Control Prong? ☐
Id Type:* ☐ Driver's License ☐ Other State photo ID showing residence ☐ Passport ☐ Resident Alien ID ☐ Other ID ±	State/Country of Issuance	Date Issued None	Expiration Date None	Number on ID:
Beneficial Owner Legal Name	**Title**			**% of Legal Entity OwnerShip: None %**
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip , ,			Date of birth None
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ☐ Yes ■ No	(SSN)/Individual Taxpayer Identification No. (ITIN):			Control Prong? ☐
Id Type:* ☐ Driver's License ☐ Other State photo ID showing residence ☐ Passport ☐ Resident Alien ID ☐ Other ID ±	State/Country of Issuance	Date Issued None	Expiration Date None	Number on ID:
Beneficial Owner Legal Name	**Title**			**% of Legal Entity OwnerShip: None %**
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip LAFAYETTE, ,			Date of birth None
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ☐ Yes ■ No	(SSN)/Individual Taxpayer Identification No. (ITIN):			Control Prong? ☐
Id Type:* ☐ Driver's License ☐ Other State photo ID showing residence ☐ Passport ☐ Resident Alien ID ☐ Other ID ±	State/Country of Issuance	Date Issued None	Expiration Date None	Number on ID:
Control Prong (and/or ☐ additional Beneficial Owner) Legal Name **DARIEN LABBIE**	**Title** **OWNER**			**% of Legal Entity OwnerShip: 50 %**
Individual's Home (Street) Address (No P.O. Box) 203 VALLEY FOREST	City, State, Zip LAFAYETTE, LA, 70507			Date of birth 02 sep 1994
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ☐ Yes ■ No	(SSN)/Individual Taxpayer Identification No. (ITIN):			Control Prong? ■
Id Type:* ■ Driver's License ☐ Other State photo ID showing residence ☐ Passport ☐ Resident Alien ID ☐ Other ID ±	State/Country of Issuance LA	Date Issued 23 apr 2018	Expiration Date 20 aug 2024	Number on ID: 011039870

*For US persons provide unexpired Driver's License unless there is none; for non-US persons ID Type may be unexpired Resident Alien ID, or Passport/Other ID± and Country of issuance. ± Specify type of "Other ID", which may be any other unexpired government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Certifications and Signatures:
The undersigned Authorized Signer, listed above as a Beneficial Owner or Control Prong, who has signed the Merchant Application on behalf of the Merchant, hereby certifies that he/she is authorized to open accounts for the Merchant at financial institutions, that all information provided above about the Merchant legal entity is complete and correct and that, to the best of his/her knowledge, all information provided above about each individual listed above is complete and correct and there is no individual who directly or indirectly owns 25% or more of the Merchant legal entity's equity interests whose information is not provided above. The Authorized Signer and the Processor's Representative, each hereby certify that the information listed above regarding the identity and the identification document of each individual listed above, is complete and correct and was personally observed on the indicated document.

DocuSigned by: Darien Labbie 8F7AEFE3E579411...
DARIEN LABBIE
Authorized Signer Signature

Apr. 21, 2022
Date Signed

DocuSigned by: Ryan Trahan CC43B0C3BC914F3...
5/4/2022
Authorized Signer Printed Name

Darien Labbie
5/4/2022
Date Signed

DocuSigned by: Anna Bourgeois 59E48EE3BC794F3...
Processor's Rep. Signature

5/4/2022
Date Signed

Anna Bourgeois
Processor's Rep. Printed Name

VISA DISCLOSURE PAGE

Member Bank (Acquirer) Information:

Acquirer Name: Synovus Bank
Acquirer Address: 1125 First Avenue, Columbus, GA 31901
Acquirer Phone: (706) 649-4900

Important Member Bank (Acquirer) Responsabilities:

1. A Visa Member is the only entity approved to extend acceptance of Visa products directly to a Merchant.
2. A Visa Member must be a principal (signatory) to the Merchant Agreement.
3. The Visa Member is responsible for and must provide settlement funds to the Merchant.
4. The Visa Member is responsible for all funds held in reserve that are derived from settlement.
5. The Visa Member is responsible for educating Merchants on any Visa International Operating Regulations with which Merchants must comply during the course of operation.

Important Merchant Responsibilities:

1. Ensure compliance with cardholder data security and storage requirements.
2. Maintain fraud and chargebacks below thresholds.
3. Review and understand the terms of the Merchant Agreement.
4. Comply with Visa International Operating Regulations.

The responsibilities listed above do not supersede terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Visa Member (Acquirer) is the ultimate authority should the Merchant have any problems.

Merchant Signature

DocuSigned by:
Darien Labbie
8F7AEFF3E57941...
Merchant's Signature

Apr. 21, 2022 5/4/2022
Date

DARIEN LABBIE
Merchant's Printed Name

OWNER
Title

DocuSigned by:
CC43B0C3BC914F3...
Ryan Trahan

5/4/2022

OWNER